

LUCY ROBBINS WELLES LIBRARY

YOUTH VOLUNTEER APPLICATION FORM

First Name: _____ Last Name: _____

Birthday: Month: _____ Day: _____ Year: _____

Home Phone Number: _____

Street Address: _____

City & Zip Code: _____

Email: _____ **(Preferred)**

Emergency Contact Person: _____

Emergency Contact Phone Number: _____

School: _____

Grade: _____

Have you volunteered before? ☑ Yes ☑ No

If yes, where? _____

I hereby apply for work as a youth volunteer at the Lucy Robbins Welles Library. I certify that all answers contained in this application are true and complete to the best of my knowledge. I understand that if I am accepted, I will be expected to show up for work when I am scheduled.

Youth Volunteer Signature: _____

Parental Permission

If you are under 16 years of age, please have a parent/legal guardian sign the following permission form:

I _____, parent/legal guardian, grant permission for
_____ to volunteer at the Lucy Robbins Welles Library.

Parent or Legal Guardian Signature: _____

In case of emergency phone number _____

Date: _____